

# PLACER COUNTY AIR POLLUTION CONTROL DISTRICT

## ADDITIONAL TECHNICAL INFORMATION COATING OPERATION

1. Company Name: \_\_\_\_\_
2. Operating Schedule:
  - a. Maximum Hours of Operation per day: \_\_\_\_\_
  - b. Maximum Hours of Operation per quarter: \_\_\_\_\_
3. Equipment Location Drawing - Submit a drawing or sketch which shows at least the following:
  - a. The property involved and outlines of all buildings. Identify property lines plainly, and indicate building heights(s).
  - b. Location and identification of the coating application equipment on the property. Show vent or stack for the applicator ventilation system.
4. Description of Processes
  - a. Provide a written description of the process, equipment, and ventilation and exhaust systems on a separate page.
  - b. Provide a process flow black diagram showing the application equipment in relation to other process equipment and the flow of the raw material or product on a separate page.
5. Application Method:
  - ☐ High Volume Low Pressure (HVLP)
  - ☐ Low Volume Low Pressure (LVLP)
  - ☐ Electrostatic
  - ☐ Flow Coat
  - ☐ Dip Coat
  - ☐ Roll Coat
  - ☐ Others, please List \_\_\_\_\_

6. Spray Booth(s): ☐ Yes ☐ No

If "yes", indicate the following:

- a. Number of booths: \_\_\_\_\_
- b. Spray booth manufacturer: \_\_\_\_\_
- c. Number of filters: \_\_\_\_\_
- d. Size of each filter: \_\_\_\_\_
- e. Exhaust fans
  1. Number: \_\_\_\_\_
  2. Motor horsepower: \_\_\_\_\_
  3. Fan Diameter: \_\_\_\_\_
- f. Enclosure outside dimensions: \_\_\_\_\_ length X \_\_\_\_\_ width X \_\_\_\_\_ height  
 \_\_\_\_\_ length X \_\_\_\_\_ width X \_\_\_\_\_ height
- g. Manometer (to read differential pressure drop across filters)? ☐ Yes ☐ No

7. Coating and Solvent Data

Use the following table to estimate the maximum volume of materials used in a year or in a month. If you use products not listed, write in those types in the blank rows.

Identify all coatings, thinners, and clean-up solvents, and maximum usage rates:

SPECIFIC MATERIAL	GAL. USED /YEAR OR	GAL. USED /MONTH	TYPICAL PRODUCT BRAND NAME & ID #	VOC CONTENT
CLEAR TOPCOATS				
CONVERSION VARNISH				
FILLER				
HIGH-SOLID STAIN				
INKS				
MOLD-SEAL COATING				
MULTI-COLORED COATING				
PIGMENTED COATING				
SEALER				
LOW SOLID STAINS, TONERS & WASHCOATS				
SURFACE PREP & CLEAN-UP				
UNDERCOATER				
PRIMER				
OPAQUE STAINS				
ENAMELS				

<b>SPECIFIC MATERIAL</b>	<b>GAL. USED /YEAR OR</b>	<b>GAL. USED /MONTH</b>	<b>TYPICAL PRODUCT BRAND NAME &amp; ID #</b>	<b>VOC CONTENT</b>
VARNISHES				
SHELLAC				
CONTACT CEMENT				
OTHER ADHESIVES				
THINNER				
<b>TOTAL ESTIMATED USAGE</b>				

8. Are the products heat cured? ☐ Yes ☐ No

If "Yes", how is it heat cured? \_\_\_\_\_

9. Are the products glued together? ☐ Yes ☐ No

If "Yes", how are the products glued? \_\_\_\_\_